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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ON SO-CALLED TYPHOID FEVER.

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I frankly and freely acknowledge that I know but little, if anything, of the disease termed typhoid fever, such as is described by the majority of writers, both European and American, as being a specific disease. I do not think I have seen a case, in an active practice of over thirty years, that I could, without doubt, diagnose as true typhoid fever, a fever that presented prominent, well-defined symptoms, which should characterize a specific disease; when I speak of symptoms, I don't mean to be understood as expecting to find all of those that have been observed, only those that should be present, in a specific disease. And as my practice has been in different sections of the Mississippi valley, I am led to believe that this fever is of very rare occurrence, and when existing, has been produced from contagion.

I shall give the views of a few of the most prominent writers on this subject, and then let the reader draw his own conclusions as to whether typhoid fever is a common disease, endemic to the valley. My attention has been particularly called to this fever, from the fact of its being represented as a very common type with most of the practitioners all around me, it seeming very strange, that I should not meet with it in a practice of equal extent as theirs, and, I think, of equal success. To demonstrate

the truth of my position, I must, of course, draw largely from careful observers, as to what constitutes the form of fever, and which gives it its specific character, and also give the history of a large number of cases treated in the valley, of fevers endemic to it.

From the written and oral declarations of many physicians, it would seem that this fever is a universal disease, confined to no country or latitude, but common to all; the evidences conflict so positively with my observations and experience, I am compelled to question them as facts. On the contrary, I am honest in saying that I believe this disease, specific in origin and propagation, is a very rare disease outside of large cities.

The most voluminous writer, and one who devoted a large amount of time in investigating this fever, is, without question, P. Ch. A. Louis, of France, whose investigations, with his treatment, are given in his works of 1829-1841, and we find no writers since then who do not use, more or less, his views, to sustain and build up their own pathology. Louis, with nearly all of the principal European writers, accept as the primary cause, emanations from obstructed drains and cesspools, or from drinking water tainted with sewage, while some believe that the special poison is contained in the excreta; and I do not now remember any foreign writer that makes the cause marsh miasm or malaria. Dr. Budd maintains that the active specific poison is contained in the excreta, and produces itself in others, from direct contagion from the excreta, or by diffusion through drains and soil

to water, and thus taken by drink; or through the air, and thus taken into the system. Budd further says, relative to contagion from human excreta—"Every year, in England, more than one hundred thousand human intestines, diseased in the way already described, continue, each, for the space of a fortnight or thereabouts, to discharge upon the ground floods of liquid charged with matters on which the *specific* poison of a communicable disease has set its most *specific* mark." The hypothesis of spontaneous origin and propagation of typhoid fever assumes rather a definite form of expression, given by Dr. Murchison, that typhoid fever is often actually caused by the products of common putrefaction. Niemeyer says "That the germs which cause typhoid fever may develop and multiply as well in the organism of a typhoid patient, as they would, under favorable circumstances, *outside* of it;" he further says, "It is true I cannot prove the correctness of this hypothesis, but I must also deny that the recent assertions that typhoid fever spreads solely by contagion *have been proved or even rendered very probable* by the facts adduced."

Dr. Parkes meets the question of cause squarely, when he says, "The grand fact is clear, that the occurrence of typhoid fever points *unequivocally* to defective removal of excreta, and, that it is a disease altogether and easily preventible."

These are a few of the many opinions, as to cause, of European writers. Of American observers, Professor Austin Flint has given this subject as much or more investigation than any other American writer with which I am acquainted; and he acknowledges his inability to give a positive cause for the fever. He says, "That putrescent substances, animal or vegetable, and excreta, exert a causative agency, is, to say the least, highly probable, but whether as giving rise to the *special* poison, or acting as auxiliary causes, cannot be considered as settled."

Bartlette, in his work "On the Fevers of the United States," says, "The only causes of typhoid fever, the influence of which has been at all *positively* and *accurately* ascertained, are these three, to wit: age, recent residence in a given place, and contagion," but he goes on to say, "The *nature* and *essence* of the actual, producing, efficient cause of typhoid fever, as of most other diseases, are entirely unknown to us."

Wood, in his "Practice of Medicine," says,

"On the whole, the most rational view of the etiology of enteric fever, in the present state of our knowledge, seems to be that an inherent predisposition to this disease exists in many persons, analogous in some measure to the tuberculous, the gouty, and the rheumatic predisposition, which is liable to be called into action by various exciting causes."

"It is not improbable that the effluvia engendered by decomposing animal excretions, the contagious miasm of typhus itself, epidemic influences, and even marsh miasmata, may act as exciting causes of the disease in the predisposed;" he finally acknowledges that "nothing is known of the cause of the fever; the circumstances of its production are very diversified."

Clymer, in his treatise on fever, gives as causes age, recency of residence, climate, contagion, virtually acknowledging that he knows nothing of a positive or specific cause.

Prof. Dickson believes the cause to be always the same. "A morbid diathesis is generated within the system, under the influence, more or less pronounced, of want of ventilation, or of uncleanness, or of contagion."

Dr. James Jackson, of Boston, "supposes the cause to be some way connected with the soil of the immediate locality, although, *not at all depending* upon any filth or decomposing substances."

I have given the opinions of only a few of the observers of this fever, both European and American, as to cause, and we are bothered to arrive at conclusions that are at all satisfactory, which would make typhoid fever an endemic disease, in the valley of the Mississippi."

We ask the question, is the fever called typhoid, as met in the practice of so many of the practitioners of medicine in the West and Southwest of the United States, a fever specific in character, arising from any specific cause or causes, presenting universally the same specific symptoms, and in all anatomical investigations presenting the same specific lesions that are claimed by a majority of writers as being almost universally present? This is the important question.

We find that nearly all European writers on this fever claim that it originates from a specific poison, conveyed through imperfect drains and cess-pools, and direct from the excreta from the patient, which produce specific effects upon the system. Admit this as true: is it reasonable to suppose that we find like causes

existing outside of large cities, that would make it an endemic fever in the valley? I think not.

Most of the American writers on this subject guard their opinions, with a good deal of circumspection, which results in a negative opinion as to special cause, symptoms, pathology or treatment. Yet, when we trace up the reports given us from nearly all American sources, we are led to believe that this fever is contagious, spreading through families and neighborhoods with almost as much certainty as does other well known contagious diseases; the cause giving origin is, of course, conjectural. All observers claim for it a specific nature; assuming contagion as true, then we must have specific cause, producing specific disease, having specific symptoms, running a specific course, with specific lesions, similar to what we should expect in other contagious and specific diseases, as small-pox, scarlet fever, measles, each of which present universal specific characters peculiar to itself, never substituting one for the other.

Then in typhoid fever we should have some universal specific evidence, that would render it easy of diagnosis, and we would reasonably suppose that when we found this fever, it would assume an epidemic or sub-epidemic form, instead of an endemic disease occurring sporadically.

The reasons for assuming that it should be epidemic or sub-epidemic in character, are derived from reports given us from nearly all sources, but as we are treating of this fever from the American stand-point, we will take the reports given us from American sources.

Prof. Austin Flint gives us the history of this fever, which invaded the settlement of North Boston in 1843; that history clearly admits contagion as the means by which it was propagated; it assumed a sub-epidemic character, and had not precaution been used, would have been widely epidemic. Yet he says, "This disease may be undoubtedly communicated in some way from the sick to the well; under ordinary circumstances it is not diffused by contagion." What are the circumstances; why not attempt to give us a theory as plausible against contagion as he has for it; he undoubtedly hampers his theory, and leaves the reader to seek his own solution of origin and propagation.

Dr. Nathan Smith, one of the first observers of this fever in America, asserts un-

qualifiedly that it is contagious, and details cases which confirm his opinion.

Dr. Samuel Jackson, another able American physician, claims that it is contagious.

In Fenner's "Southern Medical Reports" Dr. Thomas Fearn gives the history of a sub-epidemic of continued or typhoid fever, that occurred near Huntsville, Alabama, in which he establishes, without doubt, the contagious character of the disease, and I think that those familiar with the medical literature of the age must admit that the preponderance of testimony will favor contagion in typhoid fever.

The actual specific cause of this fever, as it is with nearly all diseases, is merely conjectural. That it is contagious, there is no reasonable doubt. Assuming that this fever is specific in character, and capable of being propagated by contagion, it should present, almost universally, some characteristic symptoms or special phenomena by which it would be readily recognized. Then we would reasonably expect to find, as always present, some one or more of the symptoms which are conceded to be present in all cases. We don't expect to find all the symptoms enunciated as existing. We don't expect to find a perfect similarity of symptoms in the same disease in all persons, but we would expect to find one or more specific symptoms, which would, of necessity, arise from specific lesions. The prodroma of this fever, as with all abnormal conditions of the human system, possess much similarity, in fact all that we usually find in malarial forms of disease, excepting the great length of time for development, requiring generally from eight to fifteen days before the patient feels ill enough to take his bed. Professor Flint thinks the average would be five days, but we find that the most of writers give a much longer time for development. At any rate, it is universally conceded that typhoid fever, as a general thing, is slow of development. Diarrhoea, we would reasonably expect to find as a characteristic symptom, which would, of necessity, be present when we think of the characteristic intestinal lesion. Louis declares it to be an almost uniform symptom. Aitken says it is one of the most prominent symptoms. Trousseau, the eminent French physician and teacher, and whose opportunity for the study and investigation of all disease, and of typhoid fever in particular, were not excelled in any age, treats of it as being universally present when the fever is fully de-

veloped. Flint says, "Diarrhoea, or looseness of the bowels, exists, in a large majority of cases, and belongs among the diagnostic symptoms of the disease." Bartlette says, "Among the most frequent, and when taken in connection with other phenomena, among the most characteristic symptoms of typhoid fever, is diarrhoea." Clymer, in his treatise on fever, gives diarrhoea as one of the characteristic symptoms; in fact, nearly all writers agree that diarrhoea is present in nearly all cases of typhoid fever. Pain and gurgling in right iliac region is also said to be a well-marked characteristic symptom, found in no other disease, and all writers recognize it as existing. The rose-colored eruption is another symptom that should be present. Trousseau, in speaking of this eruption, uses the following emphatic language: "That cases of variolæ sine variolis, are infinitely more exceptional than cases of typhoid fever without rosy spots." Louis found it present in nearly all the cases investigated by him. Aitken, in his "Practice of Medicine," the fourth edition, on page 385, expresses in large capitals his opinion. He says, "this successive daily eruption of a few small, very slightly elevated, rose-colored spots, disappearing on pressure, each spot continuing visible for three or four days only, is *peculiar to and absolutely diagnostic of typhoid fever*." Bartlette says, "there is good reason to think that this eruption is almost a universal accompaniment of typhoid fever."

Clymer says, "From the fifth to the ninth day the peculiar typhoid eruption appears," and from further reading we draw the inference that he deems this eruption essential in all cases of this fever. Flint's history of this fever makes the eruption a very prominent symptom in the large majority of cases observed by him. Hence, to establish a positive diagnosis of typhoid fever, we should have a fever of slow development, diarrhoea, gurgling on pressure on right iliac region, rose-colored eruption, all of which should proceed from some specific cause, producing some specific lesion, producing specific symptoms, and running a specific course, and propagating itself by contagion. Do we meet with a fever possessing these marked characteristics, as an endemic fever in the valley? Observations of intelligent and observing physicians, with my own, emphatically say no?

But we will look at this fever from another

stand-point. The specific lesions found in the ilium are said to be universally present. Trousseau, in his "Clinical Medicine," second volume, page 317, says "You will always find these intestinal lesions on examining the bodies of persons who have died of typhoid fever, whatever form it may have assumed, whatever may have been the variety or intensity of the symptoms, provided death takes place after the fifth day, the period at which these lesions begin to appear." Aitken, in his "Science and Practice of Medicine," volume 1, page 395, says, "This lesion in the ilium is especially recognized as the anatomical sign of enteric or typhoid fever."

Wood, in his "Practice of Medicine," volume 1, page 319, says, "But there are certain anatomical changes which are especially characteristic of enteric fever, and which are so seldom wanting that they may be considered as almost essential. Such is the affection of the elliptical patches of aggregated mucous follicles in the ilium, denominated the glands of Peyer. This is quite as characteristic of the disease in question as the peculiar pustular eruption is of small-pox. It has, in fact, come to be regarded almost as a necessary post-mortem test of the existence of the disease."

Bartlette, in his "Fever of the United States," page 76, says, "In all cases of typhoid fever there is lesion of the small intestines. This lesion is peculiar. It is found in no other disease."

Clymer, in his "Treatise on Fever," page 235, says, "The constant lesions found in persons dying of typhoid fever are in the follicles of the small intestines and mesenteric glands." Flint, speaking of the lesions in the Peyerian and solitary glands, and in the mesenteric glands, says, "The foregoing lesions are peculiar to typhoid fever. In a greater or less degree they are always present, and they occur in no other disease. They are characteristic of typhoid fever, as the eruption in small-pox is characteristic of that disease."

We have given you the opinions of a few of the leading minds, both of Europe and the United States, as to what lesions are present in typhoid fever, making it beyond question a specific disease, which must of necessity arise from some specific cause, which cause acting directly, produces the lesion said to be universally present.

(To be Continued).

ERGOT IN DISEASES OF THE AIR PASSAGES.

BY T. CURTIS SMITH, M. D.,
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The use of ergot in the treatment of pulmonary and throat affections is not strictly new, yet it is sufficiently so to command our attention long enough to study the rationale of the suggestion. And I may here remark that the advancement of any remedy to be used in a different manner and in different diseases from its old routine course and application, is now promptly met with the inquiry, by the profession, "can it produce the effects on the physical economy claimed for it? and if so, how, and in what manner does it produce such effects?" We should be filled with pride to know that such a spirit pervades the mind of the profession, or at least the working part of it.

It has now become a well established fact, that ergot produces a diminution of the calibre of the small blood vessels. This is clinically demonstrated by its effects in diminishing the cerebral circulation, by its influence in controlling epistaxis, hæmatemesis, hæmaturia, hemorrhage from the bowels, etc., which it accomplishes by contracting the bleeding vessels, through its influence over the vaso-motor nerves. Not less is its power made manifest in varix, varicocele; and no doubt its great power over uterine fibroids is partly due to the same influence, as well as its power to produce contraction of the uterus, as a specific effect upon that organ, for by contracting the tunics of the vessels, the vascular supply of the tumor is interfered with, and the morbid growth is rendered more or less completely a foreign body. This, however, is a digression from the subject, but serves to illustrate the physiological effects of the remedy.

From the foregoing, we would naturally infer that ergot would produce contraction of the capillaries in any part of the system, and especially if they were morbidly dilated in any part, and if such a conclusion be correct, why would it not be a valuable adjuvant in the treatment of any local disease where a dilated condition of the lesser blood vessels is present. Of course a dilated vessel is capable of carrying through it an abnormal quantity of blood; to contract its calibre must necessarily diminish the extra supply. Now, is it not well established that in acute and chronic inflammations

and congestions of the air passages, the vascular supply is too great, and that the vessels are abnormally enlarged? If so, what agent will contract them and bring them to their normal calibre. Naturally, we now turn to ergot, though a decade since we would have considered it strange to see any one prescribe this agent for the relief of diseases of this class. Reasoning in this manner, I have been led to use it first for chronic bronchitis, a quite prevalent disease, and afterwards in chronic throat diseases. Now, I often prescribe it for the relief of acute inflammations of the fauces, larynx and bronchial tubes; with what success I will now try to set forth, in illustrative cases.

Mrs. L., æt. thirty-two, of nervous temperament, and formerly of excellent health in every respect, mother of three children, youngest three years old. She is active, and attends to all the labor incident to her household. In 1872 she was attacked with broncho-pneumonia, from which she soon recovered, but contracted cold from exposure soon after getting about. From this there was produced a severe and obstinate cough, from which she but partially recovered, and every exposure to cold, and every cold term since, has renewed the cough with increased violence and obstinacy.

In December, 1874, she came again under my care, and with the following symptoms: The fauces were deeply congested and irritable, the voice was hoarse, and there was wheezing at every inspiration, and some dyspnoea. There was also a constant aching pain under the sternum, and a general feeling of uneasiness over the chest. The respirations were abnormally rapid; the pulse 96; tongue clean; bowels and catamenia regular. Percussion gave good resonance all over the chest, and the lungs expanded evenly and well, but with some pain, or rather, increased feeling of soreness or tightness of the chest. The vocal resonance was normal. Auscultation proved that air could easily be forced into every part of the lung tissue, but that during ordinary respiration there was in some portions of the lungs feeble respiration, while over the larger bronchial tubes the respiration was abnormally loud. The cough was frequent, at times persistent, and was short, quick and sharp. The amount of expectoration was small at that time, but was often quite profuse and muco-purulent. There was a general absence of the symptoms of pulmonary tuberculosis. My diagnosis was chronic bronchitis.

The laryngeal and pharyngeal complication I thought was kept up by the continuance of the cough and the irritation it necessarily produced. This patient was considerably debilitated, but could eat well, and would sleep well if not disturbed by the cough. She had tried many expectorants from myself, and many patent remedies, with nothing more than temporary and imperfect relief. She had also been kept up by tonics and good diet. Discouraged at my usual plan of managing such a case, I ordered a tonic of tinctura cinchonæ comp. and iron, to be taken three times a day. Also to have fluid extract ergot, one drachm every four hours, but not to be disturbed while sleeping. Tonics she had often taken before, so that I expected no directly curative effect from them. The ergot was continued one week, when she reported to me again. There was an evident amelioration of all her symptoms, and she felt much stronger. The cough was still considerable. I ordered the continuance of the ergot, dropping other medicines. This was continued three weeks longer, when, upon examination, there was scarcely a trace of either her throat or bronchial disease left. Thus far she has been clear of her winter cough, and is gaining in flesh and strength.

Mr. H., a laborer, æt. 56, of good habits and health, short thick build, bilious temperament, contracted pneumonia in January, 1874. The inflammation involved the entire left lung. The disease yielded to treatment, so that in three weeks he wanted to commence light labor. About that time his wife was taken sick, and during two very cold nights he nursed her, thus contracting cold, and a renewed attack of pneumonia. This time the disease was very obstinate, and graded off into a chronic type of the disease. The lower half of the left lung remained hepatized, in spite of my best efforts, during all the following spring and summer, and there was more or less hacking cough present all the time. He continued weak and pale, with respiration greatly increased and pulse seldom under one hundred. It is needless to mention all the agents used for his relief; let it suffice to say, that they included tonics, alteratives and expectorants, with various hygienic measures, inhalations, etc., with varying success. As the cold months of this winter came on the cough increased, and subacute bronchitis was fully developed. In December I placed him upon, fl. ext. ergot, ʒj, four times a day, no other treatment being used at the time,

except inhalations, which had been occasionally used for some weeks, to control paroxysms of coughing. For two weeks there was little noticeable change under the ergot, but from and after that time there was rapid improvement. The cough gradually diminished, respiration less rapid, pulse diminished in frequency and became stronger, the appetite improved, and his weight was increased by several pounds in the two weeks that followed, and in February he considered himself quite restored, but there was still a lack of full and free expansion of the left lung. He is still taking the ergot and still improving.

Mrs. C., æt. 39, of weak constitution, neuro-lymphatic temperament, was attacked, January 3d, 1875, with acute bronchitis, affecting the tubes on both sides. The symptoms of this disease are too well known to need mention here. In a previous experience with this patient I learned that opiates of any kind were out of the question. I gave her a saline cathartic, and immediately began the use of ergot in full doses, every four hours. The only other agent given internally, was veratrum viride, gr. iij, every two hours, for the first two days. This was used to prevent the febrile action and the further extension of the inflammation. The ergot was continued. In one week from the date of the attack she was able to sit up. The cough still annoyed her, but was subsiding. In two weeks she was able to resume her work, and was clear of any cough or evidence of pulmonary trouble. The use of the agent in these cases demonstrated to my mind that ergot is, in no sense, to be classed among the expectorants, for in none of these cases was the expectoration increased, but, on the other hand, if it was already free, the ergot seemed to diminish the quantity of the matter thrown off in coughing, but did not increase the distress of the patient by this action. On the contrary, as the quantity diminished, the breathing became easier and the coughing gradually diminished. We all know that lungs and bronchi that are healthy yield but little mucus for expectoration, while those that are diseased are apt to yield much expectoration. The natural return to health is usually followed by free discharges of mucus, or muco-pus, and by this process resolution gradually takes place, and the usual plan of treatment, with many practitioners, is to promote free expectoration. Ergot does not act in this way, but by contracting the dilated blood-

vessels, it diminishes the vascular supply, and causes an approximation to the normal quantity of blood-supply to the parts affected, thus causing a gradual diminution of the expectorated fluids, and a gradual return to a healthy condition.

The influence of ergot in slowing the heart should not be wholly overlooked as a factor in its favor, but its power in this direction is not very great, if my observations have been correct, and it is only in those cases where a weak heart is already present that I have observed any notably depressing action over that organ. There can be little, if any doubt, however, that ergot diminishes the number and force of the heart-beats when persistently and largely given.

Besides the above cases, others have been under treatment with this agent, who were suffering from chronic pharyngitis, and I have found that in those cases not dependent on gastric disorder, it has done well and the cases have usually improved, and some have recovered more promptly than expected.

The dose of the fluid extract should not be less than a drachm; of ergotine, three to six grains; of the powder, one drachm or more.

"Dr. Wycisk, acting on the principle that this drug contracts the vessels and so prevents exudation from them, has treated six cases of croupous pneumonia in this way, and gives the following report: In one such case, marked by an excessively albuminous expectoration, it ceased entirely two hours after the administration of the drug in powders of nine grains each every quarter of an hour. The abundant râles in both lungs soon diminished, so that there was only a slight crepitation at the original focus of the disease. These good effects lasted for two days. Two relapses occurred, however, but the same good effect was again obtained by the administration of the ergot. After the second relapse, ten drop-doses of the tincture of ergot were given four times daily, until convalescence was fully established. In the five other cases, the ergot was used early, and none ended fatally, none became chronic, and none left appreciable deposits behind them; in all of them the exudation was decidedly checked by the ergot. It is, however, held to be a dangerous remedy when the lungs are considerably infiltrated, where there is emphysema, where the cerebral arteries are weak, and where the patients are feeble or decrepid."—*All. Med. Cen. Ztg.*

Clinical evidence alone will fully establish the claims of this agent in diseases of this class. By such results it must stand or fall.

MEDICAL SOCIETIES.

AMERICAN MEDICAL ASSOCIATION.

SURGICAL SECTION.

In the minutes, last week, we presented a brief abstract of Dr. Andrews' paper. Dr. Sayre, of New York, was glad to know that Dr. A. had taken this opportunity to contradict the current belief relative to the infectious state of large hospitals. He proves that we can correct this state without destroying the hospital. It is only necessary to force, by means of pressure, the antidote into the poisoned localities, and thus neutralize the poison. Then silicate the walls, and the place is as pure as when new.

Dr. Sayre's paper on partial paralysis and want of coördination, from genital irritation, was read by him.*

An inquiry was made as to the difference between the symptoms detailed as occurring in paralysis due to phimosis, and in infantile paralysis.

Dr. Sayre wanted such an explanation. Are not many cases due to some overlooked reflex irritation? He hoped to be able to investigate this subject more thoroughly. The curious part is the speedy recovery after removal of the source of irritation.

Dr. Murdock, of Pennsylvania, asked how Dr. Sayre could know when an elongated prepuce was likely to cause this irritation? He had seen this to exist in a very large number of children under two years of age, without any symptoms of reflex irritation. If it is a cause, we may wonder that this form of paralysis is not more common. Phimosis is often seen in the young, and even with some adhesion.

Dr. Sayre—There is an agglutination, and there is an adhesion; totally different conditions; one, physiological, the other, pathological. When the secretions are imprisoned, like any foreign body, they set up irritation and inflammation. The secretion is seen in hardened triangular masses, like putty from a window, behind the corona, and, like a chestnut burr in the rectum, causes engorgement, continual erection, and affects the system like venereal excess. He did not say that phimosis produced paralysis, but that paralysis results from this eternal priapism.

Dr. Webb, of Michigan, inquired if Dr. Sayre ever knew of a case of adhesion in which paralysis did not occur?

Dr. Sayre—No doubt there were many such cases.

Dr. Bronson, of Massachusetts—Is there not a physiological agglutination and a pathological adhesion?

*We had hoped to present with this an abstract of this paper, but our reporter has failed thus far to forward it.

Dr. Sayre—That is it. All these cases were pathological, and not physiological. In many, the tissues of the meatus urinarius had degenerated into a fibro-cartilaginous ring, very resistant to the knife.

Dr. Keller, of Kentucky—Had Dr. Sayre seen this in Hebrews?

Dr. Sayre—Never.

Dr. Leech, of Indiana—Does this condition of the penis exist in adults affected with club-feet?

Dr. Sayre could not say. He did not wish to be understood as saying that all cases of club-feet are due to phimosia.

Dr. Elsberg, of New York, and others, having made inquiries, the chairman of the section ruled that it was contrary to custom for the Association to allow material alterations in manuscript read and referred for publication.

Dr. C. B. King, of Pennsylvania, read the details of a case of "Operation for extrophy of the bladder."

W. K., *æt* 13, admitted to hospital April 11, 1874, for congenital deficiencies of anterior wall of the abdomen and bladder. Posterior wall projects and forms a tumor the size of a goose egg, $2\frac{1}{2}$ inches from side to side, and $2\frac{1}{4}$ from above downward; when erect it protrudes $1\frac{1}{4}$ inch and measures around $4\frac{1}{2}$ inches. No hernia. Pubes wanting $2\frac{1}{2}$ inches; penis epispadic, about the size of an almond and covered with an imperfect prepuce; testicles well developed. After preparatory treatment, he was placed under ether, and a horseshoe shaped incision was made, beginning $1\frac{1}{2}$ inches to the left and above the penis. This was carried down close to the left thigh, across perineum to opposite thigh, just in front of anus, and then up to a corresponding point on right side. The flap was dissected up, laying bare the testicles. An oval incision was made in the flap, to permit the penis to pass through. Another incision, being about $\frac{1}{2}$ inch above starting point of first incision, was made through the skin of the abdomen, extending around and about $\frac{1}{2}$ inch above upper edge of the bladder, to a corresponding point on the opposite side. The skin was dissected up about $\frac{1}{2}$ inch. The first flap was then turned up over the bladder, and its edges placed beneath the last flap, and secured by eight wire sutures secured by shot. The sutures were only passed through the two flaps, thus differing from the tongue and groove operation of Pancoast. The urine flowed freely over the raw surface; the opening in the lower flap, for the penis, permitted it to escape. The skin between the ends of the first and last incisions was pared, and the surfaces united by two interrupted wire sutures. In spite of my efforts to cover them the testicles remained bare. The raw surfaces were dressed with lint spread with carbolized cerate.

The knees were crossed and tied together, the thighs flexed in the abdomen by his position in bed, with a pillow under the knees, to relieve tension in the flaps. He was then given $\frac{1}{2}$ grain of morphia, repeated at intervals.

All went well; dressings were removed, May

8th, and union found to be complete. Bladder protrudes, from gas in the abdomen. Relieved by enemas. 10th, stitches removed and bladder washed out.

June 25th. Flaps completely cicatrized. By pressing the fold of skin above the penis against it, he can retain his urine for $2\frac{1}{2}$ hours.

April 25th, 1875. Doing well, walks erect; runs and jumps with ease, and by the use of a shield the urine is collected in a bottle fastened to the inside of his boot.

Dr. Andrews, Ill., asked as to the probability of hair forming on this wall, and thus causing irritation.

Dr. King replied, that the urine acts as a depilatory. This view is held by Drs. Pancoast, of Philadelphia, and J. R. Wood, of New York.

Dr. Wood, New York, was delighted with the results of this case; none had been more favorable than this. In every case where this method has been employed, the comfort of the patient far exceeds any discomfort of hair-forming, etc.

The operation is similar to that for vesicovaginal fistula, as performed by Dr. Sims. Such operations require study, thought and labor, which young men only can give. Every such case of extrophy should be relieved, and by this method.

May 5th. Dr. L. J. Willien, Ind., presented a case of hydronephritis and renal calculi, with specimens.

W. McM., *æt* 26; puddler; injured by fall from a horse, in 1864. In 1874 received a severe contusion of the back and left side. With the next discharge of urine there was a good deal of blood, which continued for some weeks. About this time he felt a tumor like a goose egg, painful on pressure, and slightly movable, in the left side. Early in 1875, he was again injured, and his sufferings increased. In February last he was greatly emaciated, vomiting bile, with eructations of gas; pulse high; breath short; painful feeling of tension of abdomen; constipated; urine scant and tinged with blood; abdomen greatly distended on left side by a tumor, which could easily be limited by palpation and percussion, semi-solid, with evident fluctuation. It was kidney-shaped, surface smooth, extending from the pubis to the sixth intercostal space, say 15 inches. Lower transverse diameter $10\frac{1}{2}$ inches from left crest of ilium, to, say 3 inches of right of median line; upper transverse diameter $7\frac{1}{2}$ inches from ensiform cartilage.

In consultation, it was agreed to puncture with a trocar, about 2 inches to right of crest of ilium. The cyst was gradually emptied of eight pints of chocolate-colored liquid, thin, no odor, depositing a bloody sediment. Under appropriate treatment he did well, though the sac soon filled again.

March 10th. Again tapped, evacuating three quarts of fluid, followed by a thick grumous mass. Sufferings not relieved. A third tapping was made, but the patient soon succumbed with symptoms of circumscribed peritonitis.

The autopsy confirmed the diagnosis of an enlarged kidney from the formation of a stone in the pelvis of the kidney, and one at the cystic connection of the ureter, weighing, the one, over an ounce, the other about three drachms.

Dr. Andrews, Illinois—Cystotomy from the back has been performed in such cases. Why not enlarge sufficiently to insert forceps and remove calculi?

Dr. Garcelon, Maine, thought this would be a wild goose chase, where stone was in pelvis of the kidney.

It is remarkable that the growth is so rapid in these cases of calcareous material. He exhibited specimens in illustration.

Dr. Husted, of New York, asked if a diagnosis of renal calculi was made at the time of puncture?

Dr. Willien—No sir.

Dr. Denison, of Colorado, read a paper on a "New Extension Apparatus." After some discussion on the apparatus, a vote of thanks was tendered him.

Dr. Elsberg, of New York, read a paper on "Œsophageal Auscultation."

This is done by causing the patient to swallow while the physician listens to the sounds resulting. It is easy, instructive and valuable. It was introduced by Hamburger, of Bohemia, five years ago. It requires considerable practice and much patience. It is requisite to have the ear well accustomed to the sounds in health, and it is necessary to apply the stethoscope the whole length of the œsophagus, and listen carefully at each spot.

He then described the œsophagus at some length, and gave its locality and connections.

It must be auscultated both in the neck and in the thorax. The patient should hold in his mouth a quantity of liquid. Apply the stethoscope or ear over the part to be examined, sign to him to swallow. On the side of the neck, a loud, gurgling noise, a metallic glo-glo sound is heard, due to the mingling of air and liquid. This is often so loud as to drown every other sound. Usually, in the whole of the thorax, the true œsophageal sound becomes audible. This is the sound of the rapid descent of a small, spindle-shaped body of soft consistence. Hamburger describes this as characteristic of an egg-shaped body, say an inch long and one-half an inch broad, the small end upward. Few attain to this refinement of perception. However, it is not needed. Generally, the œsophageal sound can be distinctly made out even high up; more plainly, it is true, lower down, say on the left side of the first dorsal vertebra and below. The relative intensity of the pharyngeal over the œsophageal sound is diminished by the patient's taking a continuous draught of water.

There are four points to notice. The character of the œsophageal sound, the rapidity of descent of the bolus, the direction this takes, and its shape.

The first is most readily appreciated. We may find, at a particular point, that this sound

becomes feeble, is modified, or stops, while it is distinct enough above. This may be from stricture, impacted foreign body, retention of bolus in a pouch, organic dilatation, paralysis, rupture. This has, in many cases, revealed to me, the exact spot diseased.

There may be a grating or friction, indicating roughness of the inner surface of the œsophagus, as in croup, large ulcers with ragged edges, polypi, etc.

RAPIDITY OF THE DESCENT OF BOLUS.

As the larynx ascends in swallowing, it is easy to know the precise moment this commences by placing the thumb and finger on the thyroid. The time which elapses between the rising of the thyroid and the arrival of the bolus at the point auscultated, can thus be determined. In disease the normal rapidity is diminished.

THE DIRECTION OF THE BOLUS.

Instead of passing vertically down, it may go obliquely left or right, or rise again. Obliquity may be due to aneurism of the aorta or exostosis of the vertebra. The mode of regurgitation may often enable us to diagnose a spasmodic or an organic stricture; in the first, it is instantaneous, in the others an appreciable time elapses before the bolus is forced up.

SHAPE OF THE BOLUS.

Hamburger goes so far as to describe the precise shape and size of the bolus. He describes alterations of the normal œsophageal sound, indicative of differences in shape.

Whether this refinement of perception can be acquired or not, it is certain that auscultation as thus used is a valuable addition to our diagnostic means.

THURSDAY. Dr. Sell, N. Y., read the details of a case of ovarian tapping, with cure.

Mrs. Z., aged twenty-six, five children. Tapping brought away fourteen pints of greenish viscid fluid, containing a large amount of pus. Placed her on tonics; she soon improved. The cyst refilled, and in three weeks after a tumor formed at the point of puncture, broke and discharged a large quantity of pus and the above fluid. This was repeated eight or ten times, at intervals of three weeks. The amount gradually decreased, and finally ceased. One year afterwards she was in perfect health and going out to clean houses.

He also exhibited a case shown at Detroit, and its subsequent results. Adjourned.

TENNESSEE STATE MEDICAL SOCIETY.

This society held its annual meeting at Nashville, April 14. The President, Dr. Van Dienen, in the chair.

A paper on cholera was read by the President, and one on Dipsomania, by Dr. S. M. Burnett of Knoxville. From the latter we extract as follows:—

"Statistics show that, in spite of temperance

organizations (to say nothing of crusaders) and Maine liquor laws, the vice of intemperance is as rampant in our land as ever before. We cannot, then, look to these for any help in staying its progress, but must revert to the scientific investigator, who shall study the subject in all its bearings, hunt out its causes, and mark out its natural history, just as he would that of any other form of disease.

"It has always been thus in the history of the world. When pestilence has stalked abroad, leaving death and devastation in its train, efforts were first made to stop its onward march by prayers and incantations; and later, by ill-advised legislation. It was only, however, when the subject was handed over to the scientist, who sought the *fons et origo*, and applied his remedy thereto, that any amelioration was obtained. And thus, it seems, must be the case with intemperance, which in its effects is as terrible as the 'pestilence that walked in darkness.'

"The mania for drink may rest in various degrees of intensity, just as any other mania, may be either very mild in its degree or very violent. It is also evident that it may have many influences at work in its production. The disease has too recently been made the subject of investigation for its etiology to be clearly understood. Some points, however, have been pretty definitely settled.

"Heredity has for a long time held a prominent place in the list of causes. The fact of numerous drunkards being found in the same family could not be overlooked. And heredity does undoubtedly play an important role in the causation of the disease, but not always as pure inherited dipsomania.

"The clinical history of the affection places it among the neuroses, and we find that its causes and the laws governing its development also give it a similar place. As an inherited neurosis may display itself in one member or branch of a family in the form of an epilepsy, in another in general insanity, in another in some simple eccentricity or marked monomania, so undoubtedly in many cases dipsomania may be only a manifestation of a neurotic diathesis which has existed in his progenitors in an entirely different type. And, on the other hand, it seems highly probable, in fact, it is in strict accordance with this law of inherited neurosis, that the dipsomaniac may bequeath to his offspring some nervous disease widely different from his own, as a marked predisposition to hysteria on the part of females, or, as has been frequently observed, epilepsy or idiocy. It is as much, perhaps, to the operation of this law of inheritance, as to the general decay of the vital powers, that the oft occurrence of these forms of disease in the families of drunkards must be attributed.

"Physical disease has an important influence in the production of morbid craving for alcoholic drinks. Dr. Brown, in his testimony before the committee of Parliament, said:—'I have known dipsomania to be produced by in-

juries of the brain in perfectly sober men; also, I have seen it produced by sun-stroke and other causes. I saw a case of a sober man who became a dipsomaniac by taking a draught of cold water on a hot day, which caused fainting and an entire change of character.'

"I have a friend, a physician, who told me that often he was able to tell when an attack of dipsomania was imminent. He felt bilious; and frequently he had been able to forestall the attack by taking a mercurial. There are also other disturbances, especially of the nervous system, which lead to a craving for artificial stimulus in some of the forms of alcohol.

"But by far the most active agent in the production of the disease is the use of alcohol itself. The exact manner in which this is brought about is not clearly understood, but it must be through the agency of the nervous system. Let the dipsomaniac take ever so little alcohol, and immediately an irresistible craving seizes him for more. It is well known of some kinds of drinkers, that 'if they take one glass they are gone.' I know a most estimable man, a man of fine attainments and liberal culture, who tells me that he does not take a glass of beer for fear of bringing on an attack of dipsomania. Some years ago he visited an Inebriate Institution, and afterwards abstained for some six or seven years. He was troubled, however, with a very painful affection of the rectum, and for its relief he took some chloroform. As soon as he recovered from the chloroform narcosis, he felt the irrepressible desire for alcohol, which, in spite of everything, he gratified, though he was fully aware of the disastrous consequences that would inevitably follow.

"It would thus appear that it is not the peculiar and special action of alcohol on the nervous system that arouses the desire, but some changes in the nutrition of the nerve centres, which agents other than alcohol can bring about.

"If we have arrived at the correct pathology of the affection, its treatment need not detain us long. When we come to recognize dipsomania as a disease, and not a vice, we are on the high road to the accomplishment of good, in its rational treatment.

"Obviously the first thing to do is to remove the causes, and as these may be various, each case should be made a subject of special and close study. Of course the question of inebriate asylums comes in here with pertinency. The advantages of these are admirably summed up by Dr. D. T. Crothers, of Albany, New York, in an article in *The American Practitioner*, November, 1874, as follows:—

"They will enable the patient to isolate himself from all excitement, and allow complete rest of the nervous system. They remove all care and responsibility from the patient's mind, except that of recovering his lost health, and make him a party with the physician to bring about this result. This of itself is a powerful factor in the treatment. Hospitals and asylums give the medical man complete control over the habits and surroundings of the patient, and

offer facilities for superior hygienic and medical treatment."

OTHER PAPERS.

Dr. Lipscomb read a paper on the use of the forceps in childbirth.

Dr. T. L. Madden, one on the subject of Tuberculosis, and Dr. Saudek on medical electricity.

On motion of Dr. Abernathy, Dr. R. D. Winsett was appointed to read, at the next meeting of the Society, a paper on the subject of doctors and druggists and their relations to each other.

Dr. Burger, of Jordan's Valley, Rutherford county, presented the following remarkable statement:—

"By request I hereby submit the following report of the symptoms and treatment of the case of Miss Thankful Taylor, while under my charge, and also the previous condition of the case, as near as could be ascertained, before she was placed under my care:—

"On Friday evening, the 23d of January, 1874, I was sent for to see Miss Thankful Taylor. On my arrival I saw that she was very strangely affected; laboring under an inexplicable kind of convulsion, with the derma having longitudinal fissures, from one-fourth to two and a half inches in length, on various portions of the person, and from the fissures there exuded a bloody serum, and also there protruded from her mouth a *foreign living substance*, of a dark appearance, which remained in her mouth for several minutes, but she would not permit me at the time to extract it, for the reason that she was afraid that it would kill her; it then receded from the mouth down the oesophagus into the stomach. I remained some time with my patient, noting every manifestation, and after its disappearance she seemed to be much relieved and there was a cessation of the convulsions.

"I was called again on the following evening, and found the patient laboring under the same symptoms. On the 3d of June I met Dr. B. N. White in consultation. He having formerly had charge of the case, gave it as his opinion that she was afflicted with tapeworm, and had treated the case for twelve months without relief. I was of the opinion that the patient was afflicted with a species of reptile, the symptoms not all corresponding with the ordinary tapeworm symptoms.

"The girl continued robust in a remarkable degree, and the reptile, instead of being ravenous, was fickle, at times scarcely taking any food, while at others she had a good appetite. Very often she would vomit a fetid, slimy matter, have sour eructations, constipated bowels, swelling and tenderness of the epigastrium, and a very remarkable feature of the case was the motion or movement of the stomach, that was clearly perceptible to any person across an ordinary room, and this train of symptoms attended the patient from the time I took charge of the case until the extraction of the reptile.

"However, about five weeks before the pa-

tient was relieved, I extracted a membranous substance, about four inches in length and about one inch in width, of the thickness of paper to that of one eighth of an inch. It was diffused with a bloody serum, and, after being placed in three different preparations, and the bloody serum extracted, the solid portion remains, which I submit to the Society for investigation.

"As to treatment, I am free to confess that I was at a loss to know the precise mode of treatment to adopt, as our authors have no clearly defined positions for treatment of such cases, but I used the most powerful anthelmintic combination that could be brought to bear in the case. Emetics were used also, and I had the patient to abstain from food for two or three days at a time, thereby trying to induce the reptile to come up into the mouth of the patient, so that I might get hold of it to extract it.

"The anthelmintic remedies had a more appreciable effect than the other modes of treatment. When first administered, it would cause the reptile to violently contract, writhe and twist in her stomach, and a continuance of the medicine would cause it to pass from the stomach to the intestines, where it would remain until a discontinuance of the remedy, when it would return to the stomach.

"On the evening of the 26th of June, 1874, the case reached its terminus by the extraction of a snake, twenty-three inches long, and three-fourths of an inch in diameter, of light and dark brown stripes on back and sides, with white abdomen, being covered with a slimy, mucous coating, and presenting a cold, clammy sensation to the touch. It lived for several minutes after its extraction. Its death might have been produced by two causes, in my opinion. First, being exposed to the atmosphere, an element to which it had hitherto been unaccustomed, at least for several years, and, secondly, from the violence of the patient in gripping it with her teeth on its appearance in her mouth, and from the grasp of the mother of the patient in holding it for my arrival, as I had previously instructed them when it came up again to hold to it until they could get me there. It appeared from the position in which I found the snake on my arrival, that it came up head foremost into the mouth of the patient and was trying to return to the stomach with its head downward, and in that position formed a loop, by which the patient's mother held, and I immediately took hold of it, and, with but little effort drew it out, and, in my opinion, so far as I was able to judge, it must not have been less than six or eight inches down the oesophagus, if it did not reach the stomach, and I am inclined to the latter opinion. The patient, immediately after the extraction of the snake, commenced an involuntary vomiting, which continued very profusely for several minutes, after which she expressed herself as being greatly relieved, and, to use her own language, "I feel like a great load has been taken from

my stomach;" since which time, notwithstanding her former prostration, she has been attending to all ordinary domestic affairs, without a previous symptom or a single sign of a recurrence of that once strange malady, and it is now over nine months since the extraction of the snake. The previous history of the case, as given by others, seems to be, that something like five years ago she was taken with violent vomiting spells, which were immediately followed by severe convulsions, supposed at first to be of an epileptic character, and was treated as such, but without relief. There was a continuance of the convulsions, vomiting spells, and irregular appetite, without emaciation, up to February, 1873, when she was violently attacked, and a neighboring physician sent for, who applied remedies for her relief. According to his own statements in a published card the 8th day of January, 1874, 'The convulsions lasted for several days, when she seemed to be relieved to some extent. In August last she was attacked again, and the neighboring physician again sent for, who found her in convulsions, with the skin on her forehead, arms, legs, and over the region of the stomach, split in several places, from a fourth to two inches in length. That night the tapeworm or so-called reptile made its appearance, when the physician in attendance attempted to extract it by thrusting a pointed instrument through it, when the patient jerked his hand and instrument away; she closed her mouth and the tapeworm receded into her stomach. It came up for four consecutive nights, about seven or eight o'clock each time. The convulsions ceased and she was affected no more until the 21st of January last, when she was again attacked with convulsions, and the tapeworm again made its appearance. The neighboring physician was again sent for. On his arrival he found it in her mouth, lying on her tongue within half an inch of her teeth. The family told him that it had been out between her lips before his arrival. She permitted the physician to examine it, but would not permit him to remove it, for the reason that when it was touched it gave her great pain, from

writhing and twisting in her stomach. She has all the symptoms of tapeworm, emaciation, ravenous appetite when able to eat, bleeding at the eyes and ears, and the worm having a pointed extremity, gourd seed-like in its appearance, as it comes up her throat. When it gets into her mouth it expands itself, and is half an inch across, being of a flattened shape and of a dark brown color.'

"The Rev. Whit Ransom, a neighbor, being sent for to see the patient, stated to me that he had seen a black living substance come up the throat into the mouth of the young lady, and extend even beyond the teeth, sufficiently far that he was able to take hold of it with his hand, as often as five or six times, and that it would remain in her mouth twenty minutes or longer, which enabled him to examine it very minutely, and from its color, shape, size and movements he was convinced that it was a snake, it having a cold, damp feeling. There is much more evidence that might be adduced from other physicians and reliable citizens, who have seen the strangely afflicted girl before and since her recovery, but I desist, thinking it unnecessary to burden the report with further testimony. I will state, however, that I have the affidavits of the parents of the patient, and the statement of a great many reliable persons who have seen her during and after her affliction, that I will submit to the Society, if necessary or desired. All of which I respectfully submit."

Dr. Paul F. Eve moved that a committee of three, consisting of Dr. James B. Murfree, of Rutherford county, and two others whom he may select, be appointed to investigate all the facts connected with this snake story, with instructions to report at the next meeting of the society. He explained that he did this in order to avoid a discussion of the subject, and as Dr. Murfree was probably acquainted with the parties, he could easily secure all the facts.

Dr. Nichol suggested the appointment of a naturalist as a member of the committee, and mentioned the name of Prof. Safford, whereupon that gentleman was appointed by the chair.

EDITORIAL DEPARTMENT.

PERISCOPE.

Prostatorrhoea cured by the Continuous Galvanic Current.

The following case is given by Dr. Clark, in the *British Medical Journal*:-

R. S., aged 45, had suffered severe dragging pain in the perineum and around the back and groins, coming on after micturition or defecation,

and lasting several hours, although he was seldom free from a sense of discomfort; there was also a mucous discharge from the urethra during the act of defecation and at the end of micturition, with a feeling of burning pain along the urethra, and this would continue for several hours. He had been under treatment for two years before seeing me. I examined the urethra; No. 10 catheter passed easily without pain, except over the prostatic portion.

The finger in the rectum demonstrated a flattened, elongated prostate. He was greatly depressed from the continual suffering. I tried a variety of treatment; suppositories of opium and belladonna; the bromides, with bark, etc., but to no purpose. There were several consultations held (one gentleman saying he believed it was malignant disease of the prostate). After some months of suffering and no benefit from remedies, I determined to try the continuous current. Applying the negative pole in the rectum, and the positive, a moistened sponge, to the perineum, I continued it five or ten minutes. This was repeated a dozen times, and the patient's trouble entirely disappeared. This was at the end of 1873, and he has since continued in perfect health.

Rupture of the Perineum, and Immediate Operation.

The following case, with remarks, is contributed to the *American Practitioner*, by Dr. T. Parvin:

Mrs. K., a healthy woman, about thirty-five years of age, was in labor with her fourth child, when, as happened in her previous labors, there was delay in the second stage of labor. As in two of those labors I had delivered with forceps, I applied them in this; but finding when the head was brought down upon the perineum, that there was no yielding of that structure, I removed the instrument, determined to wait upon nature, very much against the patient's remonstrances, who was earnest for an immediate delivery. In two hours more the head was born, but the perineum and recto-vaginal wall, for two inches and a half, tore like a piece of wet blotting-paper. The accident occurred about 2 A. M., and I waited until the morning light was sufficient to see to operate. The operation was simply drawing the recto-vaginal rent together by two silver sutures, and the same number for the perineal. The after-treatment consisted in fastening the patient's limbs together by a bandage about the knees, requiring her to lie upon one or the other side, catheterizing the bladder morning and evening, and by opium preventing evacuations of the bowels. At the expiration of eight days, after having had the bowels moved by castor-oil and a warm-water injection, I removed the sutures, and to my most agreeable surprise, found the restoration perfect.

Remarks.—Rupture of the perineum is, to the practitioner, one of the most mortifying accidents of parturition, and to the patient, if the rupture extend through the anal sphincter, it is both a serious annoyance and disability. The question of an immediate or of a secondary operation is one which at once suggests itself to the practitioner. The weight of authority is very decidedly in favor of the former. Dr. Thomas remarks,* "I have in a number of instances resorted to immediate operation, and the result of my experience leads

me to always adopt it, unless the sphincter ani and the recto-vaginal wall be implicated in the laceration to such an extent as to make the operation a serious and a lengthy one, or to insure the passage of lochial discharge between the lips of the wound." And Dr. Barnes remarks,* "When laceration of the perineum is detected at the time of its occurrence it is best to stitch it up at once."

We confess we cannot see the force of the exception to operating which Dr. Thomas makes, for it would seem to be just those cases where the sphincter ani and recto-vaginal wall are implicated that most imperatively demand an immediate operation; a less lesion may heal spontaneously, or may be no permanent or ultimate inconvenience; and it may be doubted as to the introduction of two or three more sutures materially rendering the operation more "serious and lengthy," while the insinuation of lochial fluid between the lips of the wound is not any more likely to occur at one point than another of its line of transit. The patient should be kept upon her side after being operated on, and thus this accident will be measurably prevented. The condition of the tissues involved and the patient's state are elements to be considered in deciding for or against immediate restoration of the perineum.

On Puerperal Fever.

Dr. Robert E. Huntley says, in the *British Medical Journal*:—

It is of vital import that the obstetrician should recognize at the very earliest stage the true character of the malady; and the points to which, in my opinion, attention ought to be directed, are the various causes from which puerperal fevers originate. These may conveniently be divided into three classes.

1. Those originating in the patient herself, as general ill health, giving rise to inflammation of the uterine and peritoneal structures, or such as spring from intra-uterine causes, putrescence of the infant or of the other contents of the uterus.

2. Such as spring from atmospheric influences, and give rise, under ordinary circumstances, to fevers, as scarlatina, typhoid, and typhus.

3. That lamentable and malignant form mysteriously communicated by the accoucher.

Cases of the first class are frequently easily diagnosed, though cases will arise from this cause which may baffle the most expert. As regards the second class, a good, and perhaps the only reliable guide, is the prevalence in the district of fevers of an epidemic nature. I am of opinion, however, that the epidemic or typhoid form of puerperal fever does not always coexist with the prevalence of typhus or typhoid, but that there is some meteorological condition conducive, essential to its production. In all these cases, though the *materies morbi* may not be identical, yet blood-poisoning is the result,

* Diseases of Women 4th ed. p. 130.

* Clinical History of the Diseases of Women.

and the symptoms are only modified by the constitutional peculiarities and condition of life of the patient.

It has occurred to my mind that, assuming this theory of the production of puerperal pyæmia by the obstetrician, as asserted by me, to be true, it would be matter for serious thought, whether, in the event of a second outbreak in the practice of one man, he should not entirely relinquish obstetric practice, the second event arousing suspicion that there might be some special disposition existing conducive to the production of this fatal disease. I should so act myself.

As most important in preventing the spread of the disease, it is evident that some efficient and organized system of espionage is imperative.

I have become aware, in my short experience, that many deaths have occurred through want of knowledge and due appreciation of the gravity of the consequences likely to follow from persistence in midwifery practice, in the vain hope, from day to day, that the disease will disappear. Ignorant midwives, and young practitioners who may not have been taught to recognize the peculiar features of this special form of disease, are very prone to fall into this error.

Digitalis in Typhoid Fever.

The action of digitalis on the course of typhoid fever has been studied by Dr. Bernheim, of Nancy. We give some of his conclusions as stated in the *British Medical Journal*.

1. Digitalis, when administered in typhoid fever, always produces lowering of the temperature; either complete defervescence or remission. 2. The first effect of digitalis on the temperature shows itself two days after administration; the lowest temperature is obtained on the following day, sometimes only on the fourth day after its administration. 3. The lowering is generally progressive; sometimes it terminates by a more rapid fall. In some cases there is a very rapid fall in the interval between two thermometric observations, from the evening to the morning, or from the morning to the evening. 4. During the action of the digitalis, the temperature may rise again in the evening; often it is equal, or inferior to that of the morning. Defervescence, or the greatest remission, may occur in the evening. 5. This defervescence, or greatest remission, lasts from a few hours to three days; the temperature then rises. In about two-thirds of the cases it no longer rises to the same height as before the administration of the digitalis. 6. The action of digitalis on the thermometric evolution of typhoid fever may be thus expressed; the temperature is lowered. Taking into account the descent, the minimum, and the reascent, it may be said that the duration of the influence on the temperature varies from three to twelve days, the average being seven days. In two-thirds of the cases the thermometer never reaches the original

point. 7. The pulse generally falls gradually with the temperature; the temperature rarely falls before the pulse, or the pulse before the temperature. 8. It is very rarely that either the pulse or the temperature is alone influenced. 9. The pulse and the temperature fall together, but not in a parallel manner. Sometimes the pulse is lowered at night whilst the temperature still undergoes the evening exacerbation. 10. After the reascent of the temperature, the pulse generally remains low; it may even slacken still more, and attain its minimum several days later, even remaining slow during three weeks. 11. The lowering of the pulse varies from thirty to sixty pulsations. In the greater number of cases it falls below the normal.

On Inhibition.

In the West Riding Lunatic Asylum Reports, Dr. Brunton suggests that inhibition in the higher centres may be explained by diversion of stimuli, without assuming the existence in them of an inhibitory apparatus, such as we have in the lower ones. A stimulus may excite action in a nerve-centre, which may pass off partly in motion, partly in secretion, partly in vascular change, and partly in alteration of the nervous system. And the oftener it passes along any nervous path, the more readily does it find its way along that in preference to any other. Hence we see the importance of diverting the insane, who suffer from emotional disturbance, by exercise and muscular action, which will benefit not only the mental but also the visceral condition. The emotional centres, too, are inhibited by the ideational, and the conflict between these is witnessed in lunatics who request to be restrained and prevented from suicide or homicide, and in those who are powerless to abstain from alcohol, which they know to be their ruin.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We have received:—

Description of White Cliff Springs, Tenn.

Annual Report of the State Lunatic Asylum, Utica, N. Y.

Address before the Society of the Alumni of the Medical Department of the University of Pa., by Cornelius G. Comegys, M.D.

Eleventh Annual Report of the Alumni Association of the Philadelphia College of Pharmacy.

Prospectus of the Eighth Annual Session of the Medical Department of the Howard University, Washington, D. C.

—The *Boston Medical and Surgical Journal*, for May 20th, contains a narrow and bigoted attack on Dr. Wilder's late work on the Reproductive Function. In its intolerance and personal invective we believe we recognize the pen of a teacher in the Medical Department of Harvard, already notorious for his bitter opposition to giving any medical information to the public. When will such obstructives learn what time of day it is?

—The Case Record Company, of Cincinnati, have published a "Medical Chart of Pulse, Respiration, and Regions," which seems to have been very carefully devised. It is on a single page, about the size of legal cap. The upper portion of the space is ruled in two colors, to give space for entering the pulse, respiration and temperature, the numbers being marked on the margin. Below the rules are four outline figures, showing the four sides of the trunk divided into twenty regions. The price of these charts is five cents each, fifty cents per dozen, and three dollars per hundred.

BOOK NOTICES.

Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States, for the fiscal year 1874. John M. Woodworth, M. D., Washington, 1874. pp. 256.

The very material improvement—the recreation, in fact—of the United States Marine Hospital Service of the United States, is mainly owing to the exertions of the present supervising Surgeon, Dr. Woodworth. His success is attracting the attention of maritime nations abroad, and within the last year several foreign governments have applied for the details of the system, with the view of imitating them, and thus protecting their own seafaring men.

In a notice of the previous annual report, the plan on which this service is supported and conducted was laid before the readers of this journal. The present report is still richer in contributions to sanitary science than the previous one. After the introductory remarks we are presented about twenty-five pages of statistical matter, financial and economic, medical and surgical. Following these we have four diagrams showing the relative prevalence of Ague and Remittent Fever, Rheumatism, and

Syphilis, in each district; showing the relative prevalence of Phthisis Pulmonalis and Diseases of the Respiratory System, Diseases of the Digestive System, and Injuries, in each district; showing the relative prevalence of Ague and Remittent Fever, Rheumatism, and Syphilis, each month; and the fourth showing the relative prevalence of Phthisis Pulmonalis and Diseases of the Respiratory System, Diseases of the Digestive System, and Injuries, each month.

In the appendix which follows are added a number of reports on special topics by individual members of the service. They include Comments on the Medical and Surgical Statistics, by the Supervising Surgeon; Note on the Contributed Papers, by the Supervising Surgeon; The Hygiene of the Forecastle, by Heber Smith, M. D.; American Commerce and the Service, by Frank W. Reilly, M. D.; Unseaworthy Sailors, by C. Henry King, M. D.; Sailors and their Diseases in Chelsea Hospital, by A. B. Bancroft, M. D.; The Service on Cape Cod, by Peter Pineo, M. D.; The Freedman and the Service on the Ohio, by P. H. Bailhache, M. D.; Diseases of River-men, their Causes and Prevention, by Horace Wardner, M. D.; Preventable Disease on the Great Lakes, by James M. Allen, M. D.; Syphilis: The Scourge of the Sailor and the Public Health, by Fred. R. Sturgis, M. D.; Yellow Fever at Pensacola in 1874, by James S. Herron, M. D.; The Yellow Fever Epidemic of 1873, by Frank W. Reilly, M. D.

This description of the volume will give an idea of its thoroughly practical character, and an insight into the value of the service to the sea and river-faring classes.

The Mammoth Cave, Kentucky. By W. Stump Fordwood, M. D. Fourth edition. Philadelphia, J. B. Lippincott & Co., 1875. pp. 241.

This is much the most complete guide to the wonderful natural curiosity of which it treats, that has ever been published. It gives, from authentic sources, the history of its discovery, and an accurate description of the various animals which make their home in its gloomy recesses. A careful map, and a number of illustrations, add to the interest, and no one who visits the cave should fail to possess himself of a copy of the volume, both as mentor and memento.

THE Medical & Surgical Reporter.

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D. G. BRINTON, M. D., EDITOR.

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• THE SUMMER MORTALITY OF INFANTS.

With the approach of hot weather we may expect to see the infant mortality of our cities rapidly increase. In spite of the large diminution of population during the heated months, owing to the general hegira which then takes place to sea-side resorts and country places, a diminution estimated at nearly one-seventh of the total population, nevertheless the infant mortality in July exceeds that of any other month.

Last year, in this city, the deaths of infants under one year, in the last three weeks of July, were 156, 217 and 246. In no other week in the year did they reach 200, and in no week in winter did they reach 100. With this fact before us, it is extremely appropriate to urge at this time the removal of the various preventable causes which bring about this heavy mortality.

These causes are well known. They include dirty streets, the sale of spoiled vegetables and meats, of watered and inferior milk, the neglect

of individual cleanliness, and the use of nostrums containing opium. All of these are removable, and that man neglects his plain duty as a citizen, a physician and a Christian, who neglects to use his best endeavors to diminish them.

When all is done in this direction that can be done, there still remains some steps which should be taken. The removal of large numbers of poor families to temporary suburban resorts has been ably advocated by Dr. Toner and other philanthropists, and these suggestions should not be forgotten. The wealthy and humane in our midst should act upon them, and soon. The amount of benefit which could be derived from the adoption of such plans on a large scale would be most conspicuous, and we can answer that the medical profession will furnish to such an undertaking its best advice and service without money and without price.

Where this is insufficient individuals can do much by arranging temporary country homes for children. As the *Tribune* well puts it, in a recent issue,

"There are farm houses which could be hired for a small sum (we have such in our mind's eye now), furnished with cheap portable beds, tables, and kitchen furniture, and a matron provided, all at the expense of a few hundred dollars. Sea and mountain air would do the rest. There is no need of the usual cumbrous machinery and red-tape organization of a hospital. Two or three good women to give the money, one honest, sensible one to spend it, and the thing is done. Let the children be sent, each with its mother, for a fortnight or three weeks, and the child's life will be saved, and the mother taught to believe that there is some practical meaning and help in Christianity."

These are timely words, and they should meet with an early response. They place the undertaking within the scope and reach of persons of very moderate resources, and afford a field for practical benevolence right at our doors, and not less urgent than the grasshopper districts of Kansas or the heathen climes of "India's coral strands."

NOTES AND COMMENTS.

Ammonia in Snake Poisoning.

A commission in India appointed to report on Prof. Halford's method of treating snake bites by intravenous injections of ammonia, publishes the following conclusions:—

"Seeing that an effective poisoning after the bite of an Australian snake is rather the exception than the rule, it would be easy to understand how any antidote or remedy might gain temporary notoriety. To sum up—1. The result of our experiments on dogs goes to show that the intravenous injection of ammonia possesses no antidotal or remedial power. 2. That the intravenous injection of ammonia, probably by promoting the absorption of the poison, rather expedites than retards the tendency to death. 3. That the Indian cobra is from six to thirteen times more poisonous than the snakes of Australia. 4. That a given quantity of the cobra poison is more powerful and more rapidly mortal than the same quantity of Australian snake poison. 5. That a large proportion of the bites of the two kinds of Australian snakes with which we experimented were, under the usual conditions, ineffective. 6. That the facts alluded to in 3, 4, and 5 are sufficient to account for the unmerited recognition of the intravenous use of ammonia as an antidote or a mode of treatment in poisoning from Australian snakes."

Professor Halford is preparing a digest of his experiments on animals with the intravenous injection of ammonia, and also a classified list of the cases in which ammonia has been injected for the cure of snake-bite.

Cells in Ovarian Fluid.

It is stated in the English journals that Mr. Thornton has recently discovered that the fluid in some single ovarian cysts contains little groups of cells, which he believes are only formed from the lining membrane of the Graafian follicle; and the presence of these cells, with the higher specific gravity and the amount of albumen or paralbumen in the fluid, are sufficient to enable a surgeon to say after tapping a single cyst whether it is likely to be radically cured by tapping only, or whether it is almost certain to refill and require ovariectomy. Is this "discovery" anything more than what Dr. Drysdale, of this city, has already given to the world?

Arsenic in Malignant Disease.

Dr. Tholen, in the *Archiv für Chirurgie*, reports four cases of lympho-sarcoma treated by arsenic, in the practice of Professor Czerny, in one of which the administration was obliged to be relinquished in consequence of serious accidents to the sight and hearing which supervened. In another case, an enormous ganglionic tumor ceded rapidly to the administration of Fowler's solution; but a serious hæmophilic condition developed itself, which rendered it necessary to suspend the treatment. At the same time, the spleen showed an increase in size, which soon made rapid progress. In the two other cases, Fowler's solution, employed internally as well as in interstitial injections, induced a cure. One especially, was, at first, thought to be an epithelial infiltrated cancer. The author gives expression to some doubts on the exactness of this diagnosis, and is inclined to consider it a malignant lympho-sarcoma. He compares these four cases with two others already made public by Billroth, and sees in them a confirmation of the opinions which were formerly held, respecting the efficacy of arsenic for cancer. As to the method of administration, he recommends the greatest reserve in the employment of Fowler's solution in interstitial injections, and proposes to reserve the latter for instances of true cancer. The lympho-sarcomata would be sufficiently modified by the internal administration of arsenic. The interstitial injections, possessing much greater local activity, are not devoid of danger, as two of the cases sufficiently prove.

Treatment of Scrofulosis.

In one of his clinical lectures Dr. Hueter, of Munich, urges, in the management of scrofulosis, the importance of a well known antiscrofulous treatment, and suitable attention to local inflammations. Moderate enlargements of the lymphatic glands will often yield to general treatment; but when as large as a pigeon's egg or hen's egg, and obstinate, he protests against the delay, and urges extirpation by the knife. The glands most likely to require this are the sub-maxillary group, those on the anterior and posterior borders of the sterno-cleido-mastoid, and those under the chin. The operation is free from danger in the hands of a good surgeon; and he believes it most urgently demanded as soon as suppuration occurs in the glands, the seat of cheesy infiltration, and that

the least a timid practitioner should do would be to open the abscess freely, so as to allow the broken-down cheesy matter to escape. He urges the same principles in scrofula of the testes and epididymis, and also in the bones and joints of the extremities. In the latter he advises resection of the joints, and opening and removal of foci of bone disease.

CORRESPONDENCE.

The "Lost Art."

ED. MED. AND SURG. REPORTER:—

The notes of the case below described may be of interest, as bearing upon the subject of the "Lost Art."

Location, Fort Union, New Mexico; time, summer of 1863. By request, I accompanied Mr. A. on his return to his home, distant sixteen miles, to see his wife. He informed me that on the previous day, about 4 o'clock p.m., his wife was heard to scream, as though much alarmed; and, upon going to her, she was found lying before the partially open door of a vacant room, in a fainting fit; upon being raised, and placed in bed, convulsions set in, and had continued, at short intervals, up to the time he had come for me, over twelve hours. She had not been conscious, apparently, of the presence of any one, though requiring several persons to restrain her during a convulsion. Had taken no food nor drink. At two o'clock, p.m., I reached the bedside, and beheld a remarkable scene. Mrs. A. was nineteen years of age, medium height, very muscular, and well developed. Clinging to each arm was a man, and to each leg a woman. First, Mrs. A. would violently draw up both legs, with the women holding on to them, vainly trying to control their movements; next, she would toss her arms in various directions, with the men likewise vainly attempting to prevent her doing so. All four were barely able to prevent her from throwing herself out of bed. Torn sheets and under-clothing were scattered about, but Mrs. A. was without a shred to cover her. Her countenance was excessively flushed; eyes and teeth firmly set, the former much injected.

Whilst still in this state, I began administering chloroform, and in less than two minutes the muscles were relaxed, the convulsive movement ceased, and a sheet was thrown over her. I continued the chloroform for half an hour, and then very gradually discontinued it. As the influence of the anæsthetic subsided, so did all the previous symptoms manifest themselves, until all four, and I may say, including her husband and myself, six, persons were not able to restrain her, the rest having apparently aided new force to her muscles. I now determined to draw blood from the arm, and, a bandage having been applied for a few moments, I opened the median basilic vein; the

blood flowed freely, and I soon had a large china wash basin three-quarters full. I allowed the blood to flow until there was complete muscular relaxation and sighing respiration, then I sealed up the vein. Improvement in her appearance and countenance was manifest. She slept. It was now 3.45 p. m. About 8 o'clock she awoke, drank some tea, appeared drowsy and confused, and I forbade any attempt to disturb her or ask questions. She again slept for several hours and awoke thirsty; also urinated very freely, asking no questions and getting in and out of bed unaided. I observed her, whilst sleeping, twice during the night. No symptoms of any trouble at 8 a. m., she having eaten some gruel, and again being asleep, I left for the post. In a few days Mr. A. called and said that his wife was as well as usual. She said that she remembered opening the door of the vacant room, and as she did so, she became aware of two fiery eyes glaring at her from the walls opposite the door, the room having no window and being very dark. Then the pair of eyes rose higher on the walls; she heard a frightful, growling, hissing sound, the eyes appeared to spring directly towards her, and she remembered no more until she asked for a drink in the night. It appeared that Mrs. A. had been married and came to reside in her husband's house a few weeks before, and her nervous system was probably in an impressible condition. A large cat was in the room, crouched on the top of a bureau, opposite the door. The light from the opened door was reflected from the eyes of the cat, which, alarmed by the presence of a stranger, spitted, growled, and then sprang for the open door, its only place of egress or escape. I have been in practice sixteen years, but that was the first, and it has been the only time I have thought venesection indicated in any case under my charge.

J. C. C. DOWNING, M.D.

Dobbs' Ferry, N. Y., May 20th, 1875.

NEWS AND MISCELLANY.

Pennsylvania State Medical Association.

This Association meets next Wednesday, June 9th, at Pottsville.

The REPORTER will be represented by Mr. George Kiel.

Northern Medical Association of Philadelphia.

A stated meeting will be held at the hall of the Northern Dispensary, 608 Fairmount avenue, on Friday evening, June 11th, 1875, at 8 o'clock. Subject for discussion, "Meningitis." To be introduced by Dr. L. B. Hall. Medical profession cordially invited.

CHARLES CARTER, Secretary.

—An interesting description of a visit to the Mammoth cave is communicated to the *Washington Chronicle*, May 23d, by Dr. J. M. Toner.

ties," by George S. Hale, Esq., of Boston; "The Treatment of Criminal and Neglected Children in the United States," by Miss Mary Carpenter, of England; "A New Method of Checking Crime," by Bonneville de Marsangy, of Paris (printed in French in Detroit papers); and "Immigration," by Hon. Hamilton A. Hill. It is needless to add that the discussions were extremely practical and interesting.

The place for holding the next general session is not determined, although some kind of a meeting is to be held in the autumn of 1876, in Philadelphia, as a part of the Centennial performances.

Ohio Valley Medical Association.

This association had a full meeting April 7th. Papers were read by Drs. T. C. Smith, Bishop, Knight and others. The following officers were elected:—For President, Dr. A. L. Knight, of West Columbia, West Virginia; Vice-President, Dr. J. P. Bing, of Portsmouth, Ohio; Secretary, Dr. J. C. Bishop, of Middleport; Treasurer, Dr. C. R. Reed, of Middleport.

Items.

—The inquiry as to the validity of the claim to super-centennial antiquity, made in behalf of the Medical Society of New Jersey, has brought out a communication from Dr. H. Genet Taylor, of Camden, the present Secretary of the society. Dr. Taylor shows conclusively that the society was formed at New Brunswick, N. J., in 1766, and has maintained a continuous organization to this day. This places it among the most venerable voluntary associations in the country, and there are probably few older medical associations in the world.

—A case is reported of an opium eater, whose regular daily dose of morphia was twenty grains. De Quincey used to take as much as fifty-three grains daily. Sir William Jenner observes that the use of chloral seems to be increasing daily, but opium-eating is by no means so common. People take chloral now for weeks, months, or years, and seem to think nothing of it.

—A disease which prevails among the horses in St. Louis has been found, by post-mortem examinations, to be the cerebro-spinal meningitis. It is said the malady yields readily to treatment, and is not spreading.

—"Telegraph clerk's cramp," is the latest disease discovered. It is said to be confined to operators using Morse's instrument.

Personal.

—Prof. Maurizio Buffalini, perhaps the most illustrious of modern Italian pathologists, died at Florence on March 31st, in the eightieth year of his age. In 1863, as the result of a general subscription among the whole of the profession in the peninsula, a gold medal bearing his effigy was presented to him.

—The venerable Dr. Bullard, of New Haven, has been a practicing physician for about half a century, and he has been professionally present at the birth of about 1000 children. These children propose to hold a reunion and grand picnic at his residence. The matter will be inaugurated and carried out by a committee of arrangements from the surrounding towns.

—The Californian millionaire, Mr. James Lick, has been sued by his medical attendant, Dr. Zeills, for \$55,000, for professional services. A stiff bill! But Mr. Lick claims a full offset to it in his bill against the Dr. for board and lodging!

—Dr. John L. Frensey was arraigned in the Police Court at Washington, April 25th, on the charge of having stolen several bank notes from the Redemption Bureau, of which he was a messenger.

—On May 24th, Dr. Smith and Madam Ingham, convicted of causing abortion, were sentenced, in Quincy, Ill., to eight years imprisonment each.

—Dr. Frank Thomas, the person who seems to have a voluntary control over his heart's action, is now traveling in this country.

MARRIAGES.

BAXTER-KILPATRICK.—At Navasota, Texas, on the 15th of April, 1876, by the Rev. J. M. Wesson, Mr. Benjamin B. Baxter, son of the Rev. B. B. Baxter, of Rockdale, Milan County, Texas, to Miss Elizabeth, youngest daughter of Dr. A. R. Kilpatrick.

BAYLEY-WYCKOFF.—On the 26th inst., by Rev. Dr. Elmendorf, of Poughkeepsie, Guy C. Bayley, M. D., and Angelica C. Wyckoff, daughter of the late Rev. Theo. F. Wyckoff.

DAVIS-BUGBEE.—In Lebanon, Vermont, May 4th, by Rev. W. H. Ayers, assisted by Rev. J. H. Gannett, J. A. Davis, M. D., and Louise K. Bugbee, both of Lebanon.

HUTCHINSON-WILSON.—At Utica, N. Y., Thursday, May 12, by Rev. Dr. Van Deusen, Dr. Frederick Eugene Hutchinson, of New York, and Miss Mary Watt Wilson, daughter of Charles S. Wilson, Esq., of that city.

WHITEFORD-PRIGG.—On Wednesday, May 12th, at Grace Church, Darlington, Md., by Rev. E. A. Colburn, H. C. Whiteford, M. D., and Miss Sallie E. Prigg, all of Harford Co., Md.

DEATHS.

BETTON.—At his residence, in this city, at 11 o'clock on Friday night, the 21st inst., Dr. Thomas Forrest Betton, son of the late Samuel Betton, M. D., and grandson of Col. Thomas Forrest, of Revolutionary fame.

CORNELISON.—At Jersey City Heights, on Monday, May 24th, John M. Cornelison, M. D., in the 74th year of his age.

FRENCH.—In Warren, Vermont, May 8th, Dr. David C. French, aged 84.

GRIFFITH.—In this city, on the morning of the 15th inst., Mary E., wife of Dr. C. M. Griffith.

HEDGES.—At Chester, Morris County, N. J., on Wednesday, May 25th, Dr. William W. Hedges, in the 85th year of his age.

STARK.—On Tuesday, May 25th, in the 50th year of his age, John Stark, M. D., son of the late Rev. Dr. Andrew Stark, of the city of New York.

STONE.—In Provincetown, Mass., April 23d, Jeremiah Stone, M. D., aged 76 years, formerly of Marlborough, N. H.